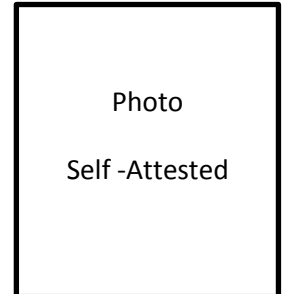


# INDIAN INSTITUTE OF MANAGEMENT ROHTAK

**Application Form for:** \_\_\_\_\_

1. **Name** :
2. **Father's/Husband's Name** :
3. **Date of Birth** :
4. **Gender** :
5. **Marital Status** :
6. **Nationality** :
7. **Educational Qualifications** :



(Attach self-attested copies of certificates)

Qualification	Board/ University	Date of Commencement	Date of Passing	% Marks	Class/ Division

8. **Work Experience** (Post-qualification): (Starting from the most recent)  
(Attach self-attested copies of certificates)

Organization	Designation	Date of Commencement	Date of Leaving	Gross Salary	Reasons for Leaving

9. **Language Proficiency** : (Please tick relevant cells)

Language	Fluent in Speaking	Fluent in Reading	Fluent in Writing
English			
Hindi			

10. **Technical Skills** : (Please tick relevant cells)  
(Attach copies of certificates)

**A. Common for all Positions**

Skill	Excellent	Good	Average	Weak	Nil
Computer Operations					
Database Applications					
10-Finger Typing					
Shorthand					
Any Other Skill:					

**B. IT - Skill**

Skill	Excellent	Good	Average	Weak	Nil
Installation Support					
Routine Maintenance Support					
Web Design and Management					
Internet and Intranet Support					
MS Office/Windows					
Linux					
Software Applications					
Videoconferencing/Gadgets					
Any Other:					

**11. References:**

Detail	Reference 1 (Current Employer)	Reference 2 (Previous Employer)
Name		
Designation		
Organisation		
Contact Landline		
Mobile No.		
E-mail ID		

**12. Address:**

Details	Permanent	Communication
House Name/No.		
Street/Locality		
Town/City		
District & State		
Residence Phone		
Mobile No.		
E-mail ID		

**13. Do you know anyone in IIM Rohtak: Yes / No**      if Yes, please give the details:

**14. Details of any relative already working in IIM Rohtak:**

**15. Details of enclosures attached with the application:**

1. .... 2. ....  
 3. .... 4. ....  
 5. .... 6. ....

**16. Declaration:**

I hereby declare that all the statements made in the application are true and complete to the best of my knowledge and belief. I understand that if at any point of time, any of the information is found to be false, my candidature may be cancelled/dismissed and the Institute may take any necessary action against me.

Place : \_\_\_\_\_

Name : \_\_\_\_\_

Date : \_\_\_\_\_

Signature : \_\_\_\_\_